

**MSHA Committee on Ethics**  
**May 2013**  
**Ethical Scenario**

**Ethical dilemma/situation:**

*As part of our early on team, our service coordinator, the early childhood special education teacher, is reporting to parents at IEPs that she will be providing speech therapy to students who have been diagnosed as speech language impaired. The ECSE teacher states that she is qualified to provide speech therapy services because she has been taught over the years by many speech therapists. **Is this teacher qualified to deliver speech-language services or is she misrepresenting herself to the parents?***

**Response:**

ASHA clearly states that the speech-language pathologist is “uniquely qualified” to screen and evaluate children with a speech-language disorder and to plan, implement, and monitor therapy goals and services. Because of the challenges of early intervention, ASHA acknowledges that there may be some role release to other service providers, especially to stream line goals and keep services consistent. However, the speech-language pathologist should be the professional to evaluate, develop a treatment plan, and continue to monitor progress as the child progresses. The speech-language pathologist should also consult not only with the service providers, but also with the families to encourage language in the natural environment.

Excerpts from ASHA’s guidelines on Roles and Responsibilities of Speech-Language Pathologists in Early Intervention are copied below.

**Transdisciplinary model and Role Release:**

A transdisciplinary model typically includes some type of “role release” of one professional to another and is sometimes implemented as a primary provider model. In this model, one professional provides primary services to the child across disciplinary lines with other disciplines providing consultation to the primary provider. The use of transdisciplinary models with a primary service provider may be appropriate for SLPs. Early intervention is a field with many disciplines represented as practitioners and in which the roles vary according to the needs of the child. Teams benefit from joint professional development and also can enhance each other’s knowledge and skills through role extension and role release for specific children and families. SLPs may serve as either primary providers or consultants in transdisciplinary models, and should be considered for the primary provider role when the child’s main needs are communication or feeding and swallowing.

Comprehensive, coordinated, and collaborative team-based services help avoid fragmentation of services and supports to children and families. While the extent of collaboration in early intervention will vary depending on the team model that is used, as well as the lead agency’s program guidelines and the knowledge and skills of the team members, the need for communication among team members and with the family is mandated by Part C of IDEA and must be supported by the administering agency.

### **The SLP role in Early Intervention:**

The SLP is uniquely qualified to provide services to families and their children who are at risk for developing, or who already demonstrate, delays or disabilities in language-related play and symbolic behaviors, communication, language, speech, emergent literacy, and/or feeding and swallowing behavior. In providing these services, the SLP may participate in the following primary functions: (a) prevention; (b) screening, evaluation, and assessment; (c) planning, implementing, and monitoring intervention; (d) consultation with and education of team members, including families and other professionals; (e) service coordination; (f) transition planning; (g) advocacy; and (h) awareness and advancement of the knowledge base in early intervention.

### **Consulting with an Early On teacher:**

In delivering early intervention services and supports, SLPs assume important collaboration and consultant functions with team members, including the family and other caregivers, and other agencies and professionals. As part of the early intervention team, the SLP is uniquely qualified to help a family enhance their child's communication development through consultation and education. Because young children learn through familiar, natural activities, it is important for the SLP to provide information that promotes the parents' and/or other caregivers' abilities to implement communication-enhancing strategies during those everyday routines, creating increased learning opportunities and participation for the child.

In some cases, an indirect or consultant role is warranted. In this role, the SLP works with parents and other professionals to include language stimulation within other activities being addressed in the child's program. The consulting SLP can provide information and support to the parent and/or professional regarding the rationale and methods for providing indirect language stimulation, during a range of activities and routines. The SLP will continue to consult directly with the family and professional to monitor progress, and participate in development or revision of intervention plans. The indirect consultant role, while flexible to meet the child and family needs, is ongoing to ensure progress and appropriate implementation of the chosen strategies.

### **Citations and Resources:**

Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines  
<http://www.asha.org/policy/GL2008-00293/#sec1.3.4>

You may also find valuable information about Michigan's Speech-Language Guidelines Suggestions for Eligibility, Service Delivery, and Exit Criteria Revised.

Michigan Speech-Language Hearing Association. (2006). Michigan Speech-Language Guidelines: Suggestions for Eligibility, Service Delivery, and Exit Criteria Revised. Lansing, MI: Author.  
<http://www.misd.net/seconsult/MichiganSpeechLanguageGuidelinesRevised12-06.pdf>

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